## LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page of Page(s)
THIS SPACE FOR OFFICE USE ONLY

2006 APR -5 AM 8: 50 SECRETARY OF STATE STATE OF IDAHO

		(Type or print cl See instructions								O i7	ME OF	IU/N	11.1		
See instructions at bottom of page  Lobbyist's name and permanent business address									Date prepared				Period covered		
Arkoo 301 N	m Arkoos sh Law O lain Stree ing, ID 83				04/04/2006				(Mo.) 03	(Day)	(Yr.) 2006				
Item 1 Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of									Lobby	ist's Empl	oyer.				
Ca Reimburse	tegory of Ex	ng and Travel	tal Amount for		tionate amo		nts contributed by each employer (Identify employers, under f page.)								
	Pertaining to Lo Not Have to be	bbying Activity e Reported	All Employers		Employer No. 1		1	Employer No. 2		Employer No. 3		o. 3	Employer No. 4		
	Entertainment Food and Refreshment			\$35.62		35.	62	\$_		\$			\$		
Living	Living Accommodations			0.00	 	0.	.00								
Advert	ising			0.00	 	0.	00								
Travel				0.00		0.	.00			<b> </b>		_			
Teleph	one			0.00		0.	00	_		<u> </u>					
Other l	Expenses or	Services		0.00		0.	00								
Total			<b> </b>	35.62	s	35.	62	\$_	0.00	\$	0	.00	\$	0.00	
•	When the num	ber of employers	i s you an	e reporting for requ	 ires mul	tiple L-3 for	ms to l	 be file	d a total amount fo	l rallemp	oloyers sh	ould be o	entered on I	Page 1.	
Item		of each expend	liture o	f more than fifty	dollars		- T								
	Date			Place		Ar	nount		Names o	of Legisl	ators & Pr	ublic Off	ficials in Gr	oup	
				N/A											
	Continued on	attached page(s)				1									
	INSTRUCTIONS								Er	Employer(s) Name(s) and Address(es)					
67-6617 Idaho Code.							No.1 Surface Water Coalition ("SWC") P.O. Box 32 Gooding, ID 83330								
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.								No.2							
TO BE FILED WITH:  Ben Y sursa  Secretary of State								3							
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852, Fay: (208) 334-2282															

Item 4					st or by the loopyist's employer in the nature of contributions of money of other tangible or intangible w, or for or on behalf of any legislator.								
	Date		Amount		Name of Legislator Receiving or Benefited								
			N/A										
ltem			er of proposed legislation, the number of the Senate			LEGISLATIVE SUBJECT IDENTIFICATION							
5			vas supporting or o		Code	Subject Agriculture, horticulture,	Code 17	Subject Health service, medicine, drugs					
Subject (from 07	table)	Legislat	esolution or Other tive Ident. Number	Appropriation Bill Number and Section Number	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds	18 19 20 21 22 23 24 25 26 27 28 29 30	and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)					
CERT	EIC A TO	ON: I he	mby sanific that the	shows is a true complete and									

CERTIFICATION: I hereby certify that the above is a true, complete correct statement in accordance with Section 67-6624 Idaha Code.

Lobbyist signature